

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145
Registered No. 44

1. PLACE OF BIRTH

County Sila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusebia L. Cortez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. ✓ 4. Twin, triplet or other ✓ 6. Legitimate? yes 7. Date of birth March 5, 1929
Month Day Year

| | | | |
|---|---|--|---|
| <p>8. FATHER</p> <p>Full name <u>Eusebio S. Cortez</u></p> | | <p>14. MOTHER</p> <p>Full maiden name <u>Segunda Herrera</u></p> | |
| <p>9. Residence (Usual place of abode) <u>Globe, Arizona</u></p> <p>If non-resident, give place and state.</p> | | <p>15. Residence (Usual place of abode) <u>Globe, Ariz.</u></p> <p>If non-resident, give place and state.</p> | |
| <p>10. Color or race <u>Mexican</u></p> | <p>11. Age at last birthday <u>30</u> (Years)</p> | <p>16. Color or race <u>Mexican</u></p> | <p>17. Age at last birthday <u>30</u> (Years)</p> |
| <p>12. Birthplace (city or place) <u>Urua Cruz</u></p> <p>(State or country) <u>Mexico</u></p> | | <p>18. Birthplace (city or place) <u>Mozatlan,</u></p> <p>(State or country) <u>Mexico</u></p> | |
| <p>13. Occupation</p> <p>Nature of industry <u>miner</u></p> | | <p>19. Occupation</p> <p>Nature of industry <u>Housewife</u></p> | |
| <p>20. Number of children of this mother. <u>Six</u></p> <p>(Taken as of time of birth of child herein certified and including this child.)</p> | | <p>(a) Born alive and now living <u>Three</u></p> <p>(b) Born alive but now dead <u>Three</u></p> <p>(c) Stillborn <u>None</u></p> | |
| <p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 A. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year

Filed 4/8 1929 G. E. Wightman
Registrar

539-305-231